| MULTIPLE DEPENDENT CLAIM | | | | | SERIAL NO. | | | | FILING DATE | | |
|----------------------------------|--------------------------------------------------|------------------------|----------------------------------------|--------|-----------------|------|-------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| i | FEE C | 1 | APPLICANT(S) | | | | | | | | |
| | | | | CLAIMS | | | | | | | |
| | AS FILED | APTER 18T AMENDMENT | APTER 2ND AMENDMENT | | | • | | | | | |
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| TOTAL IND. | | | 1 1 ` | | TOTAL IND. | | | | J 📘 |] | J |
| TOTAL DEP. TOTAL CLAIMS | 244 | | وـــــــــــــــــــــــــــــــــــــ | | TOTAL DEP. | • | | | ▼ | • | ▼. |
| TOTAL CLAIMS | 46 | | | | TOTAL CLAIMS | | | | | | |